



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Franklin Sanchez

M.E. #: M15-001678

Autopsy Performed by: Dr. John A. Hayes

Date of Autopsy: March 16, 2015

FINAL DIAGNOSES

- I. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE:
 - A. HISTORY OF HYPERTENSION.
 - B. MARKED CARDIOMEGALY WITH CONCENTRIC LEFT VENTRICULAR HYPERTROPHY.
 - C. CORONARY ATHEROSCLEROSIS, FOCAL, SLIGHT.
 - D. ARTERIOLONEPHROSCLEROSIS, MODERATE TO MARKED.
 - E. AORTIC ATHEROSCLEROSIS, SLIGHT TO MODERATE.
- II. ACUTE NECROTIZING PANCREATITIS:
 - A. PANCREAS FIRM, NECROTIC AND HEMORRHAGIC.
 - B. SEROSANGUINEOUS FLUID IN ABDOMINAL CAVITY WITH FAT NECROSIS OF ABDOMINAL PERITONEAL SURFACES.
 - C. NON-TRAUMATIC HEMORRHAGIC DISCOLORATION OF ABDOMINAL WALL.

CAUSE OF DEATH:

ACUTE NECROTIZING PANCREATITIS
COMPLICATING CHOLELITHIASIS

CONTRIBUTORY:

HYPERTENSIVE AND ATHEROSCLEROTIC
CARDIOVASCULAR DISEASE

MANNER OF DEATH:

NATURAL

THIS IS A TRUE COPY

Office of Chief Medical Examiner
This record cannot be released without
prior consent from the office of Chief
Medical Examiner, New York City, N.Y.

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**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

REPORT OF AUTOPSY

CASE NO. M15-001681

*I hereby certify that I, John A. Hayes, M.D., City Medical Examiner-II, have performed an autopsy on the body of **Franklin Sanchez**, on March 16, 2015, at 9:30 AM in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy was performed in the presence of Drs. Borck and Hammers.*

EXTERNAL EXAMINATION:

The unclothed body is that of a well-developed, well-nourished, stocky, 5'8", 173 lb Hispanic man whose appearance is consistent with the reported age of 56. Muscular rigidity is symmetric and lividity is posterior and fixed in the cool body.

The atraumatic scalp has thinning black-gray hair up to approximately 1" in greatest length, with facial hair consisting of heavy stubble in the mustache and beard area. The hazel irides have moderate conjunctival edema, with faint scleral icterus. The nose is atraumatic. There are upper dentures in place with lower natural teeth. The neck is straight and atraumatic.

The chest is symmetric. The abdomen is free of penetrating trauma. The external genitalia are those of an adult uncircumcised man with bilaterally descended testes. The upper and lower extremities are unremarkable, with irregular oval scars over the shins up to approximately 1/2" in greatest length, and an elongated oval irregular approximately 1-1/2" scar over the dorsal aspect of the right forearm. The back is atraumatic. The body is free of trauma.

EVIDENCE OF MEDICAL INTERVENTION:

A nasogastric and oral endotracheal tubes are in place. There is focal precordial abrasion, and internal examination reveals slightly hemorrhagic fractures in the parasternal region of the 2nd – 4th ribs on the right hand side, and bloodless fractures in the 5th – 8th ribs, consistent with closed chest cardiac massage. Intravascular

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catheters are in place in the bilateral antecubital fossae and in the dorsal left hand. A Foley catheter extends into the bladder and is draining clear urine.

INTERNAL EXAMINATION:

GENERAL: The subcutaneous tissues are well hydrated. A full subcutaneous inspection of the body is conducted, including all extremities and trunk; there is no discrete contusion identified, but the soft tissues are found to be generally slightly to moderately edematous, particularly in the region of the abdomen. A band of blotchy poorly-defined hemorrhage extends through the fascial tissues as a band across the anterior mid-abdomen, concentrated towards the sides and towards the right flank where there is an approximately 8" x 6" area of brownish-red discoloration of the soft tissues from the costal margin to the pelvic brim; in the midline of the abdomen, this discoloration is not noted. No discrete contusions are present. The soft tissue in this area is markedly edematous. There are serosanguineous collections of fluid in the body cavities, approximately 350 cc in the peritoneal cavity and approximately 300 cc in each pleural cavity. The serosal surfaces of the bowel and solid organs of the abdomen are smooth and glistening without established peritonitis, but the mesenteric surfaces are studded with waxy irregular areas of discoloration, with similar areas noted in the omentum [fat necrosis].

HEAD: The scalp and galea are atraumatic. The calvarium is of normal thickness and free of fractures. No epidural, subdural or subarachnoid collections of blood or pus are seen in association with the unremarkable meninges. The symmetric 1350 gm brain is free of focal lesions of the cerebral hemispheres, cerebellum, pons or medulla oblongata. The blood vessels at the base of the brain are unremarkable. The base of the skull is free of fractures.

NECK: There is no strap muscle hemorrhage or trauma of the ossified hyoid bone and thyroid cartilage. The posterior oropharynx is free of foreign bodies. There is slight swelling of the mucosa of the posterior oropharynx and the intubated larynx, but the airway appears patent. The cervical spine is atraumatic.

CARDIOVASCULAR SYSTEM: The 700 gm heart has a smooth glistening epicardial surface and appears normally filled. The right dominant epicardial coronary arterial system has patchy atherosclerosis of approximately 25-30%, with focal calcification. There is marked concentric left ventricular hypertrophy with a left ventricle mural thickness of 2.2 cm; the right ventricle is slightly hypertrophied at 0.5 cm. The myocardium is generally slightly pale, and there is striking reduction in the left ventricular chamber size. The endocardial surfaces are unremarkable. Examination of the valves reveals an approximately 1/8" calcified vegetation on the ventricular surface of the right coronary cusp. There are no vegetations otherwise on the valves. The

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coronary ostia are patent. The aorta has slight to moderate atherosclerosis.

RESPIRATORY SYSTEM: The 820 gm right lung and 710 gm left lung have smooth pleural surfaces with normal lobation. The congested parenchyma is free of consolidation or mass. The vasculature is free of thromboembolus. The airways are unremarkable.

DIGESTIVE SYSTEM: The esophagus and stomach are unremarkable. The small and large bowel and vermiform appendix are unremarkable. The stomach is empty.

HEPATOBIILIARY SYSTEM: The 2080 gm liver has a smooth atraumatic capsule, and has friable tan parenchyma that is free of focal lesion. The ampulla of Vater rises to a small excrescence, but a clear ostium cannot be identified; the ampulla appears to be blocked by a pale granule that is reminiscent of the biliary gravel that is found in the gallbladder [gallbladder is grossly unremarkable, but contains approximately 130 cc of fluid green bile with multiple grain-like pale stones]. A discrete tumor is not identified at the ampulla nor in the head of the pancreas. Portions of the head of the pancreas appear relatively intact, but otherwise the pancreas is generally hemorrhagic, swollen and firm, with focal gray fat necrosis in the peripancreatic soft tissue.

HEMIC AND LYMPHATIC SYSTEMS: The 300 gm spleen has a smooth atraumatic capsule and congested unremarkable parenchyma. There is no regional lymphadenopathy or identifiable thymic remnant.

GENITOURINARY SYSTEM: The kidneys have a combined weight of 350 gm with granular and slightly pitted subcapsular surfaces, and are free of focal lesions of the cortex, medulla or pelvicalyceal systems. The ureters are of normal caliber. The urinary bladder contains less than 5 cc of urine. The prostate gland and scrotal testes are without note.

ENDOCRINE SYSTEM: No lesions are in the pituitary, thyroid or adrenal glands.

MUSCULOSKELETAL SYSTEM: No abnormalities are identified in the skeletal muscle or postcranial skeleton.



John A. Hayes, M.D.
City Medical Examiner-II

2/29/15

JH:wwd

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03/17/15:mj
03/29/15:jah/finalJ# 002-04-016888
R# 002-02-100543



The City of New York
Office of Chief Medical Examiner
New York, N.Y. 10016



MICROSCOPIC EXAMINATION:

Name : SANCHEZ, Franklin

M.E. Case #: M15-1678

Date of Report: 3/29/15

DUODENUM/AMPULLA OF VATER/PANCREAS:

Transmural inflammation of small bowel with generalized hemorrhagic pancreatic necrosis. Peripancreatic fat necrosis. No malignancy.



JOHN A. HAYES JR. MD

The City of New York
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

Forensic Toxicology Laboratory

Deceased: **Franklin Sanchez**

M.E. Case No.: **M1501678**

Lab. No.: **1086/15**

Autopsy By: **Dr. Hayes**

Autopsy Date: **03/16/15**

Specimens Received:

Bile, Blood (Heart), Brain, Liver, Vitreous Humour

Specimens Received in Laboratory By: **Doniche Derrick**

Date Received: **03/17/15**

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

Blood (Heart)

Acetone	0.001 g%	HSGC
Ethanol	Not detected	HSGC

Vitreous Humour

Acetone	0.001 g%	HSGC
Potassium	14.0 mmol/L	CA
Sodium	134 mmol/L	CA
Chloride	110 mmol/L	CA
Glucose	680 mg/dL	CA
Urea nitrogen	65 mg/dL	CA
Creatinine	2.7 mg/dL	CA
Ethanol	Not detected	HSGC

This report has an associated Forensic Toxicology case file.

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Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

IA = Immunoassay	CT = Color Test
GC = Gas Chromatography	TLC = Thin Layer Chromatography
GC/MS = GC/Mass Spectrometry	MS = Head Space
LC = Liquid Chromatography	UV/VIS = Ultraviolet/Visual Spectrophotometry
LC/MS = LC/Mass Spectrometry	< = Less than
CA = Chemistry Analyzer	

Signed:

Marina Stajic
Dr. Marina Stajic

Date: **03/30/15**

EC